

APR 23 2002

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PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)	<input type="checkbox"/> Declaration Submitted with Initial Filing	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
	<b>Attorney Docket Number</b> 881987.0003	
	<b>First Named Inventor</b> Gregory Swab	
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b> 09 / 845,425	<b>Filing Date</b> April 30, 2001
<b>Group Art Unit</b> 2873		<b>Examiner Name</b>

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

EYEWEAR WITH EXCHANGEABLE TEMPLES HOUSING BLUETOOTH ENABLED APPARATUS

(Title of the Invention)

The specification of which

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

As United States Application Number of PCT International

Application Number and was amended on (MM/DD/YY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

9034492.1

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number <input type="text"/> OR <input checked="" type="checkbox"/> Correspondence address below or Bar Code Label			
Name <b>Donna L. Angotti</b>			
Address <b>Schulte Roth &amp; Zabel 919 Third Avenue</b>			
City <b>New York</b>	State <b>New York</b>	ZIP <b>10022</b>	
Country <b>U.S.A.</b>	Telephone <b>212-756-2488</b>	Fax <b>212-593-5955</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <b>Gregory</b>		Family Name or Surname <b>Swab</b>	
Inventor's Signature <i>Shawn G. Swab</i>		Date <b>4/30/2001</b>	
Residence: <b>Tulsa</b>	State <b>Oklahoma</b>	Country <b>U.S.A.</b>	Citizenship <b>U.S.A.</b>
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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <b>James E.</b>		Family Name or Surname <b>Malackowski</b>	
Inventor's Signature <i>[Signature]</i>		Date <b>6/1/01</b>	
Residence: <b>Chicago</b>	State <b>IL</b>	Country <b>U.S.A.</b>	Citizenship <b>U.S.A.</b>
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City <b>Chicago</b>	State <b>IL</b>	ZIP <b>60657</b>	Country <b>U.S.A.</b>
<input type="checkbox"/> Additional inventors are being named on the ___ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

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## DECLARATION

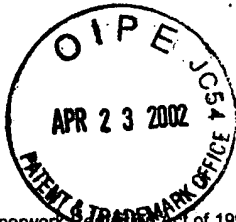
## ADDITIONAL INVENTOR(S)

## Supplemental Sheet

Page 3 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Mikal		Family Name or Surname Greaves	
Inventor's Signature <i>Mikal Greaves</i>		Date 12/19/01	
Residence: City Mountain View	State CA	Country U.S.A.	Citizenship Australian
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Mailing Address			
City Mountain View	State CA	ZIP 94041	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Rolf		Family Name or Surname Milesi	
Inventor's Signature <i>Rolf Milesi</i>		Date 12/18/01	
Residence: City Sunnyvale	State CA	Country U.S.A.	dual citizenship: Italy Citizenship and Germany
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Mailing Address			
City Sunnyvale	State CA	ZIP 94085	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <sup>aan</sup> Christi		Family Name or Surname Ligtenberg	
Inventor's Signature <i>[Signature]</i>		Date 1/11/02	
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Mailing Address 1507 Buckland Ave			
Mailing Address			
City	Stat	ZIP	Country

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <u>Thomas</u>		Family Name or Surname <u>Meier</u>	
Inv ntor's Signature <u>Thomas Meier</u>		Date <u>2.15.02</u>	
Residence: City <u>San Jose</u>	State <u>CA</u>	Country <u>USA</u>	Citizenship <u>USA</u>
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Mailing Address <u>San Jose</u>			
City <u>San Jose</u>	State <u>CA</u>	ZIP <u>95125</u>	Country <u>USA</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Giv n Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
R sidence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	C untry

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